SEEC FORM 23

Self-Funded Candidate's Expenditure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2021

RECEIVED SEEC

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		CO	VER PAGE			Page 1 of 4
1. CANDIDATE NAME	,			220002		
First	М		Last	220002		Suffix
Themis			Klarides			
2. CANDIDATE ADDRESS					4 . 1	
Street Address			City		State	Zip Code
66 Governors Way	***		Madison	· · · · · · · · · · · · · · · · · · ·	CT	06443
	FFICE SOUGHT				at kuji Naji	5. DISTRICT NUMBER
	vernor					Naphostic) n/a
6. TYPE OF REPORT (Check One Box)	 					
53 January 10 🗀 7th day preceding p	orimary 🗀	45 days	following May election	☐ Supplemental Sta		cufy Type)
☐ April 10 ☐ 30 days following ;	primary 🔲	45 days	following special election	O Primary O Ele		
☐ July 10 ☐ 7th day preceding e	election			☐ Amendment to A	ecify Type of Re	port)
October 10						
7. PERIOD COVERED						
	Beginning Da	ate	E	nding Date		
10/	1/2021		through	2021		
8. CERTIFICATION						
I hereby certify and state, under penalti Expenditure Statement for the period	covered is true	e, accum	ate and complete.	n set forth on this Sei	f-Funded	i Candidate's
Man Man	<u>(W)</u>		Themis Klarides		_	-
SIGNATURE OF CANDIDATE		1	PRINTED NAME OF CANDI	DATE		DATE (mm/dd/yyyy)
		S	UMMARY			
			COLUMN A This Period			LUMN B Aggregate
9. Expenditures Paid by Candidate (Section	A - Page 2)	19808	35.27	393	835.14	
Expenditures Incurred by Candida This Period but Not Paid (Section	ite B - Page 3)	1242	29.72			
Total Outstanding Expenditures In by Candidate still Unpaid (Section		1242	29.72			
PENALTY FOR FALSE STATEMENT IS PU	NISHABLE BY FI	NE NOT	TO EXCEED \$1,000, OR IMPI	RISONMENT FOR NOT A	ORE THAN	ONE YEAR, OR BOTH.
Detailed instructions for the SEEC Fo	rm 23 are avai	ilabie on	the Commission websit	e at www.ct.gov/seec	or at the	Commission's offices.
			LECTIONS ENFORCEMENT Ave · Hartford, Connecticut 0			

NAME OF CANDIDAT	E			ТУРЕ	OF REPORT		
Themis Klaride	S			Jan	uary 10, 20	22	
		A. Expenses P	aid b	y Candidate			22.
Name of Payee		Control of the Contro			The second of the second of	3,1,2,2	Amount
Percipient Strate	egies LLC					13517	.99
Street Address			City			State	Zip Code
PO Box 71613 Washington DC						DC	20024
Date of Payment Purpose of Expenditure Description						·	Is this expenditure coordinated with
10/7/2021	CNSLT	Research					more than one candidate?
Name of Candidate (if apple	icable)	<u> </u>	1	Office Sought		-	☐Yes ☑ No
							If yes, complete Section A. Addendum
Name of Payce						,	
·							Amount
Paul Amarone			To:			3215.	
Street Address			City			State	Zip Code
1 Yale Ave.		_	Mill	ford		CT	06460
Date of Payment	Purpose of Expenditure	Description					Is this expenditure coordinated with
10/7/2021	CNSLT	Strategic Consulting					more than one candidate?
Name of Candidate (if appli	icable)			Office Sought			□Yes ☑ No
							If yes, complete Section A. Addendum
Name of Payee	· . 					T	Amount
Strategic Partn	ors & Modio					3000.	00
Street Address	ers & Media		City			State	Zip Code
1851A McGuck	vian St		١٨٥	napolis		MD	21404
Date of Payment	Purpose of Expenditure	Description	IVIII	паропъ		טועון	Is this expenditure
10/7/2021	(By rinder) CNSLT	1					coordinated with more than one
Name of Candidate (if apple		Digital Consulting		Office Sought			candidate?
· · · · · · · · · · · · · · · · · · ·	,			Onice Sough			☐ Yes ☑ No If yes, complete
						_	Section A. Addendum
Name of Payee							Amount
Strategic Partn	ers & Media					8200.	00
Street Address			City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
1851A McGuck	kian St.		Anı	napolis		MD	21404
Date of Payment	Purpose of Expenditure	Description					Is this expenditure coordinated with
10/7/2021	CNSLT	Digital Consulting					more than one candidate?
Name of Candidate (if apple	icable)			Office Sought			☐Yes ☑ No
							If yes, complete Section A. Addendum
			i :272.7.0%			·	
		SUBTO	OTAL	Section A - This Page	27932.99		
		TOTAL o	f addi	tional Section A Pages	170152.2	Ω	· · · · · · · · ·
		TOTAL OF ALL EVERY	JOBO 1	DAIR BY CANDANATE		<u> </u>	
		TOTAL OF ALL EXPEN	1023 1\	TAID BY CANDIDALE	198085 2	7	

EXPENDITURES

NAME OF CANDIDAT	B				TYPE OF REPORT	ijskapce	
Themis Klarides Janu				January 10, 202	2		
	В.	Expenses Incurred by Can	ndidat	e this Period but	Not Paid		
Name of Creditor						Amo	unt Incurred
Tusk Productio	ns LLC					10000	.00
Street Address			City			State	Zip Code
38 Lakewood Dr	•		Den	ville		NJ	07834
Date Incurred	Purpose of Expenditure	Description					Is this expenditure
12/20/2021	CNSLT	Fundraising consulting	<u> </u>				coordinated with more than one candidate?
Name of Candidate (if appli	cable)		C	Office Sought			□Yes ☑ No
							If yes, complete Section B. Addendum
Name of Creditor			بالب			Amo	unt Incurred
Huckaby Dav	is Lisker Inc.					22	00.00
Street Address			City			State	Zip Code
 228 S. Washingt	on St. Ste. 115		Alex	andria		VA	22314
Date Incurred	Purpose of Expenditure	Description	1, 110%			1.**.	Is this expenditure
12/10/2021	CNSLT	Compliance Consulting	ď				coordinated with more than one
Name of Candidate (if appli		Totripilarice obrisating	*	Office Sought			candidate? □Yes ☑ No
				J			If yes, complete
						,	Section B. Addendum
Name of Creditor						Amo	unt Incurred
Sebastian Rou	gemont					229.7	2
Street Address			City			State	Zip Code
140 Huyshope A	ve., #308		Hart	ford		СТ	06106
Date incurred	Purpose of Expenditure	Description					Is this expenditure coordinated with
12/8/2021	OFFICE	Expense Reimburseme	ent				more than one candidate?
Name of Candidate (if appli	icable)		C	Office Sought			□Yes Ø No
			Ì				If yes, complete Section B. Addendum
Name of Creditor					<u></u>	Amo	ount Incurred
Street Address			City			State	Zip Code
Date Incurred	Purpose of Expenditure	Description	<u> </u>			l	Is this expenditure
	(by code)						coordinated with more than one
Name of Candidate (if apple	(cable)	<u>-I.</u>	10	Office Sought			candidate?
	•						☐Yes ☐ No If yes, complete
	· · · · · · · · · · · · · · · · · · ·	·					Section B. Addendum
		SUBTO	OTAL	Section B - This P	age 12429.72	2	
		TOTAL of	of addit	tional Section B Pa	iges		-
	ALL EXPENSES	INCURRED BY CANDIDAT	ta e e e e e e e e e e	RING THIS PER	ぶつ ふし 40400 型	2	
		Previous Reported Expenses U	49-10-18 PERF	u caaaa	Yorke Ad Y	0	
тот	AL OF ALL EXP	ENSES INCURRED BY CAN		ATE BUT NOT PA		2	

NAME OF CANDIDATI	E				TYPE OF REPORT		
Themis Klarides				 	January 10, 20	22	
	C. Itemiz	ation of Reimbursements to) Ça	ndidate Workers a	and Consultants		
Last Name of Worker/Consul	Itant			First			MI
Rougemont				Sebastian			
Secondary Payee						A	Amount
Staples						211.73	
Street Address			City			State	Zip Code
2550 Albany Av	/e		We	est Hartford		СТ	06117
Date of Payment	Purpose of Expenditure (by code)	Description					Is this expenditure coordinated with
10/7/2021	OFFICE	Office Supplies					more than one candidate?
Name of Candidate (if applie	cable)			Office Sought			☐Yes ☑ No
							If yes, complete Section C. Addendum
Last Name of Worker/Consul	.tengt			First	· · · · · · · · · · · · · · · · · · ·		MI
_	nan						
Rougemont Secondary Payee				Sebastian		r .	<u> </u>
						•	Amount
USPS			,-			24.19	T=== 1 \ \
Street Address			City			State	Zip Code
145 New Londo	on Turnpike		Gl	astonbury		СТ	06033
Date of Payment	Purpose of Expenditure	Description					Is this expenditure coordinated with more than one
10/7/2021	POST	Postage		T-1			candidate?
Name of Candidate (if applie	cable)			Office Sought			☐ Yes ☑ No
						1	If yes, complete Section C. Addenchun
Last Name of Worker/Consu	diant			First			MI
Secondary Payee				L		/	Amount
Street Address			City	y State			Zip Code
		1					
Date of Payment	Purpose of Expenditure	Description	L			<u> </u>	Is this expenditure
•	(by code)						coordinated with
Name of Candidate (if applied	icable)	<u> </u>		Office Sought			candidate?
12.11				Office Sought			☐ Yes ☐ No If yes, complete
							Section C. Addendum
		SUBTO	TAI	L Section C - This Pa	ge 235.92		
				itional Section C Pag	ges		·
TOTAL OF ALL R	REMIBURSEMEN	ITS TO CANDIDATE WORK	(ER	S AND CONSULTA	NTS 235.92		
ļ ————————————————————————————————————					200.0		, "

Section A. ADDITIONAL PAGE 1 of 5

NAME OF CANDIDAT				TYPE OF REPORT	Page 4		
Themis Klarides January 10, 20							
		A. Expenses P	aid by Candidate	4 445			
Name of Payee					1 '	Amount	
Battleground Str	ategies				20000.	00	
Street Address			City		State	Zip Code	
3545 13th St., N	W #3		Washington		DC	20010	
Date of Payment	Purpose of Expenditure	Description				Is this expenditure coordinated with	
10/7/2021	CNSLT	Strategic Consulting			i	more than one candidate?	
Name of Candidate (if applied	cable)	<u> </u>	Office Sought			□Yes ☑ No	
						If yes, complete Section A. Addendum	
Name of Payee						Amount	
Cohootion Dow							
Sebastian Roug	gemont		City		9989.0 State	Zip Code	
140 Umahana	A #200					1	
140 Huyshope Date of Payment	AVE., #3U8 Purpose of Expenditure	Description	Hartford		CT	06106	
	(by code)	1				coordinated with	
10/7/2021 Name of Candidate (if appli	CNSLT	Strategic Consulting	Office Sounds			candidate?	
Trans of Candidate (19 uppm	<i>cubie)</i>		Office Sought			☐Yes ☑ No If yes, complete	
						Section A. Addendum	
Name of Payee	Name of Payee						
Sebastian Roug	gemont				235.92	2	
Street Address			City		State	Zip Code	
140 Huyshope	Ave., #308		Hartford		СТ	06106	
Date of Payment	Purpose of Expenditure	Description				Is this expenditure coordinated with	
10/7/2021	OFFICE	Expense Reimbursemer	nt-See Details		į	more than one candidate?	
Name of Candidate (if appli	cable)		Office Sought	Office Sought			
						If yes, complete Section A. Addendum	
Name of Payee	············				I	Amount	
Murtha Cullina	IID				2500.0	nn	
Street Address			City		State State	Zip Code	
280 Trumbull S	t 12th FI		Hartford		СТ	06103	
Date of Payment	Purpose of Expenditure	Description	Transora		10.	Is this expenditure	
10/7/2021	CNSLT	Legal Fees			····	coordinated with more than one candidate?	
Name of Candidate (If appli	cable)		Office Sought		j	☐ Yes ☑ No	
						If yes, complete Section A. Addendum	
		SUBTO	OTAL Section A - This P	age 32724.92			
estation to the state of the st				JZ124.82			

Section A. ADDITIONAL PAGE 2 of 5

NAME OF CANDIDAT	E				TYPE OF REPORT	1,272 1	
Themis Klarides					January 10, 20	22	
		A. Expenses P	aid b	y Candidate			
Name of Payee	Name of Payee						Amount
Tusk Productions LLC						5000.0	0
Street Address			City			State	Zip Code
38 Lakewood Dr			De	nville		NJ	07834
Date of Payment	Purpose of Expenditure	Description					Is this expenditure coordinated with
11/16/2021	CNSLT	Fundraising Consulting					more than one candidate?
Name of Candidate (If appli	cable)			Office Sought			∐Yes ☑ No
							If yes, complete Section A. Addendum
Name of Payee						T	Amount
 Sebastian Roug	emont					9989.0	00
Street Address			City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
 140 Huyshope A	ve., #308		Hai	rtford		СТ	06106
Date of Payment	Purpose of Expenditure	Description	·		~	•	Is this expenditure coordinated with
11/16/2021	CNSLT	Strategic Consulting					more than one candidate?
Name of Candidate (if appli	cable)			Office Sought			Yes 2 No
							If yes, complete Section A. Addendum
Name of Payee				<u> </u>			Amount
Strategic Partne	rs & Media					8200.0	00
Street Address			City		-	State	Zip Code
1851A McGuckia	an St.		An	napolis		MD	21401
Date of Payment	Purpose of Expenditure	Description			· · · · · · · · · · · · · · · · · · ·		Is this expenditure coordinated with
11/16/2021	CNSLT	Digital Consulting					more than one candidate?
Name of Candidate (if apple	(cable)			Office Sought			□Yes ☑ No
							If yes, complete Section A. Addendum
Name of Payee	· · · · · · · · · · · · · · · · · · ·			 			Amount
Strategic Partne	rs & Media					3000.0	00
Street Address			City			State	Zip Code
1851A McGucki	an St.		An	napolis		MD	21401
Date of Payment	Purpose of Expenditure	Description					Is this expenditure coordinated with
11/16/2021	CNSLT	Digital Consulting					more than one candidate?
Name of Candidate (if apple	(cable)			Office Sought			☐Yes ☐ No
							If yes, complete Section A. Addendum
		SUBTO	TAI	Section A - This P	age 00400 00		
					26189.00		

Section A. ADDITIONAL PAGE 3 of 5

NAME OF CANDIDAT	E			TYPE OF REPORT		
Themis Klarides				January 10, 20)22	
		A. Expenses P	aid by Candidate			
Name of Payee						Amount
Battleground Str	ategies				20000	.00
Street Address			City		State	Zip Code
3545 13th St., N	W #3		Washington		DC	20010
Date of Payment	Purpose of Expenditure	Description	**	<u> </u>		Is this expenditure coordinated with
11/16/2021	CNSLT	Strategic Consulting				more than one candidate?
Name of Candidate (if appli	icable)		Office Sought			☐Yes ☑ No
						If yes, complete Section A. Addendum
Name of Payee						<u> </u>
						Amount
Paul Amarone Street Address	·-		City		5269.3 State	Zip Code
1						
1 Yale Ave.	T	1- ::	Milford		СТ	06460
Date of Payment	Purpose of Expenditure	Description				Is this expenditure coordinated with
11/16/2021	CNSLT	Strategic Consulting				more than one candidate?
Name of Candidate (if appli	icable)		Office Sought			☐ Yes ☑ No
						If yes, complete Section A. Addendum
Name of Payce					T	Amount
Sebastian Roug	emont				9989.0	00
Street Address			City		State	Zip Code
140 Huyshope A	ve #308		Hartford		СТ	06106
Date of Payment	Purpose of Expenditure	Description			<u></u>	Is this expenditure
12/13/2021	(by code) CNSLT	Strategic Consulting				coordinated with more than one
Name of Candidate (If appli	·	100000000000000000000000000000000000000	Office Sought			candidate? ☐ Yes ☑ No
						If yes, complete
NCD						Section A. Addendum
Name of Payee						Amount
Strategic Partne	rs & Media		·•		11200	
Street Address			City		State	Zip Code
1851A McGuckia	an St.		Annapolis		MD	21401
Date of Payment	Purpose of Expenditure	Description				Is this expenditure coordinated with
12/13/2021	CNSLT	Digital Consulting		···	·	more than one candidate?
Name of Candidate (if appli	(cable)		Office Sought			☐Yes ☑ No
						If yes, complete Section A. Addendum
						<u> </u>
100		SUBIC	TAL Section A - This I	46458.36		
L						

Section A. ADDITIONAL PAGE 4 of 5

NAME OF CANDIDA	Te .			TYPE OF RE	PORT			
Themis Klarides				January	January 10, 2022			
		A. Ex	penses Paid by Candida	ate				
Name of Payee						Amount		
Battleground St	trategies				20000	0.00		
Street Address			City		State	Zip Code		
3545 13th St., I	√W #3		Washington		DC	20010		
Date of Payment	Purpose of Expenditure	Description			······································	Is this expenditure coordinated with		
12/13/2021	CNSLT	Strategic Consu	ulting			more than one candidate?		
Name of Candidate (If app	olicable)		Office Sought			☐Yes ☑ No		
						If yes, complete Section A. Addendum		
Name of Payee				<u></u>		Amount		
Paul Amarone					5500			
Street Address			City		5520. State	2ip Code		
1 Yale Ave.			Milford		СТ			
Date of Payment	Purpose of Expenditure	Description	Livilliora			06460		
12/13/2021	(hy code) CNSLT	Strategic Consu	ultina			coordinated with		
Name of Candidate (if app		Strategic Corist	Office Sought			candidate?		
	•		omes doug			☐ Yes ☑ No If yes, complete		
	· · · · · · · · · · · · · · · · · · ·					Section A. Addendum		
Name of Payee						Amount		
The Garber G	roup				10000	0.00		
Street Address			City		State	Zip Code		
100 Pearl St.,	14th Fl.		Hartford		СТ	06103		
Date of Payment	Purpose of Expenditure (by code)	Description				Is this expenditure coordinated with		
12/13/2021	CNSLT	Legal Fees				more than one candidate?		
Name of Candidate (if app	olicable)		Office Sought			☐Yes ☑ No		
						If yes, complete Section A. Addendum		
Name of Payce						Amount		
Murtha Cullina	allP				5000.	00		
Street Address			City		State State	Zip Code		
280 Trumbuli	St., 12th Fl.		Hartford		СТ	06103		
Date of Payment	Purpose of Expenditure	Description	1.101010			Is this expenditure		
12/13/2021	CNSLT	Legal Fees				coordinated with more than one		
Name of Candidate (if app	olicable)	.1	Office Sought			candidate? ☐ Yes ☑ No		
						If yes, complete		
				1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Section A. Addendum		
		. 10 1	SUBTOTAL Section A	- This Page 405	20.54			
Comparison is a comparison of the contract	<u>disabbility of the street of </u>			Bandy is reproduced to the				

Section A. ADDITIONAL PAGE $\frac{5}{}$ of $\frac{5}{}$

NAME OF CANDIDAT	E				TYPE	OF REPORT			
Themis Klaride	s				Janı	uary 10, 20	22		
		A. Expenses P.	aid i	by Candidate	i i				
Name of Payee								Amount	
North Point Asso	ociates LLC						12000	000.00	
Street Address			City				State	Zip Code	
25 Market St., #2	214		lps	swich			MA	01938	
Date of Payment	Purpose of Expenditure	Description						Is this expenditure coordinated with	
12/13/2021	CNSLT	Research						more than one candidate?	
Name of Candidate (if appli	cable)			Office Sought				☐Yes ☑ No	
								If yes, complete Section A. Addendum	
Name of Payee						· · · · · · · · · · · · · · · · · · ·	<u> </u>	Amount	
David Burke Prir	ma Staakhausa						1000.0		
Street Address	ne oteaniouse		City				State	Zip Code	
350 Trolley Line	Rlvd		Ma	ashantucket			СТ	06338	
Date of Payment	Purpose of Expenditure	Description	IVIE	SHAHIUCKEL				Is this expenditure	
12/8/2021	FOOD	Food/Beverage						coordinated with more than one	
Name of Candidate (if appli	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rodribeverage		Office Sought	· · · · · · · · · · · · · · · · · · ·			candidate? □Yes ☑ No	
								If yes, complete	
NCD				ļ			γ	Section A. Addendum	
Name of Payee								Amount	
David Burke Prir	ne Steakhouse		1				759.46		
Street Address			City				State	Zip Code	
350 Trolley Line	,	T	Ma	ashantucket			СТ	06338	
Date of Payment	Purpose of Expenditure	Description						Is this expenditure coordinated with	
12/5/2021	FOOD	Food/Beverage		T				more than one candidate?	
Name of Candidate (If appli	cable)			Office Sought				☐ Yes ☑ No	
								If yes, complete Section A. Addendum	
Name of Payee								Amount	
William Cortese							10500	.00	
Street Address			City			····	State	Zip Code	
642 Cooper Rive	er Circle, #4302		Fo	rt Mill			sc	29715	
Date of Payment	Purpose of Expenditure	Description						Is this expenditure coordinated with	
12/31/2021	CNSLT	Strategic Consulting						more than one candidate?	
Name of Candidate (if appli-	cable)			Office Sought				□Yes ☑ No	
								If yes, complete Section A. Addendum	
			~~~				<b></b> .	<u>L </u>	
	•	SUBTO	TAI	L Section A - This Pa	age	24259.46			
L									